Form (RF-3)

SUMMARY SHEET

(Change in Company's premium or rate	level produced by rate revision effective	3/1/2005
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1,	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		2.20
11.	Inland Marine	2,812	2.3%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
	description of filing. (If filing follows rating Loss Cost Multipliers with current	ates of an advisory organization, specify expenses.	organization):
		HISTON OF INSURANCE	
		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED	
* A.	djusted to reflect all prior rate changes.	RECE	
** C	ujusted to reflect an prior rate changes, hange in Company's premium level whi sult from application of new rates.	idh will 16 2005	
re	sult from application of new rates.	M MATTE	
10	the state of the s	1	
		SPRINGFIELD, ILLINOIS	
		SPAING	
			Allstate Insurance Company
			Name of Company
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SUMMARY SHEET

Change in Company's premius revision effective	m or rate level produced $\frac{2-1\cdot 0}{5}$	by rate			
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**			
Coverage	volume (IIIInois)	Change (1 02 7			
1. Automobile Liability					
Private Passenger					
Commercial					
2. Automobile Physical Damage Private Passenger					
Commercial					
3. Liability Other Than Auto					
4. Burglary and Theft					
5. Glass					
6. Fidelity					
7. Surety					
8. Boiler and Machinery					
9. Fire					
10. Extended Coverage 11. Inland Marine	56,227	-8.5%			
11. Inland Marine 12. Homeowners					
13. Commercial Multi-Peril					
14. Crop Hail					
15. Other					
Line of Insurance					
Does filing only apply to certain	territory (territories)	c certain classes?			
If so, specify: No					
Brief description of filing. (If organization, specify organization	filing follows rates of and its property of the state of	an advisory morandum.			
Dersonal Watercraf	<u> </u>				
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	vel which will				
-					
n	erican Bankers Insurance (Company of Florida			
Ame	Name of Compa				
	name or compa	y			
	Doris Vigo - Vice President				
	Official Tit				
11202100					

Form (RF-3)

-1 - - -

SUMMARY SHEET

(Change in Company's premium or ra	05-15-05 New and Renewal	
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity		
7. 8.	Surety Boiler and Machinery		
8. 9.	Fire		
9. 10.	Extended Coverage		
11.	Inland Marine plus ma		
12.	Homeowners	→ \$163,092	-15.5 %
13.	Commercial Multi-Peril	4103,032	
14.	Crop Hail		
15.	Other		
• • • •	Line of Insurance		
	Dino or manner		
Does f	filing only apply to certain territory (territories) or certain classes? If so, specify:	
No			
Brief	description of filing. (If filing follow	s rates of an advisory organization, specify of	organization):
We a	are adopting AAIS filing designation	no. AAIS-2004-43.	
* A	diusted to reflect all prior rate change	es.	

** Change in Company's premium level which will result from application of new rates.



Church Mutual Insurance Company
Name of Company

Steve Nurre, CPCU, AIS
Director--Personal Lines
Official - Title

H29219D